

## CHANGE OF CORRESPONDENCE ADDRESS Application

Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

| Application Number     | 09/903,876                   |
|------------------------|------------------------------|
| Filing Date            | July 11, 2001                |
| First Named Inventor   | William Stuart Somers et al. |
| Group Art Unit         | 1646                         |
| Examiner Name          | M. Pak                       |
| Attorney Docket Number | 16163-005001                 |

| Please change the Correspondence Address for the above-identified application to:  |                      |                  |           |               |     |       |
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| Firm or Seal   | n P. Daley           |                  |           |               |     |       |
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| Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number 40,978                       |                      |                  |           |               |     |       |
| Typed or Printed Name Signature  | an P. Daley          |                  |           |               |     |       |
| Date 3/22/04   |                      | Teleph           | none      | (617) 542-507 | 0   |       |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. |                      |                  |           |               |     |       |
| ☐ *Total of 1 forms are submitte   | d.                   |                  |           |               | _   |       |

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I hereby certify under 37 CFR §1.8(a) that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

| March 22, 2004  |  |
|-----------------|--|
| Date of Deposit |  |
| Signature       |  |
| Patricia Smith  |  |

Typed or Printed Name of Person Signing Certificate